

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04188

Reg. Dist. No. 290

1. PLACE OF DEATH:

County TalbotCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)Street No. Vine
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Albert T. Camper

3. (b) Social Security Number

4. Sex

M

5. Color or race

col

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Aug. 12, 1891

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

568

hrs.

min.

9. Birthplace

Talbot Co.
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

Robt. Camper

13. Birthplace

Talbot Co.

14. Maiden name

Fannie R. Gibson

15. Birthplace

Talbot Co.

16. Informant

John Camper

Address

Vine St. Easton Md.

17.

Burial
(Burial, cremation, or removal, Which?)

Date thereof

4/14/48
(month) (day) (year)

Cemetery or crematory

Richards

Location

Hammontown

18. Funeral director

John H. Henry

Address

370 South St. Easton Md

19.

4/12
(Date rec'd by registrar)

19

48N. H. Neerian
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 12 48 at 12:40 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2-5

19

48

to

4-12

19

48

and that I last saw him alive on

4-11

19

48

Immediate cause of death

Carcinoma of Throat

DURATION

19 mos

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Gastrotomy
Hopkins Hosp.Date of op. 3-10-48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. F. Buell
Ent. Co.

M. D. or other

Address

Date signed

4-2-48

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APR 21 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04189

Reg. Dist. No. 290

1. PLACE OF DEATH:

County TalbotCity or town Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 days

Hospital, institution, or street address where death occurred:

Memorial HospitalHow long in hospital or institution? 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)Street No. Bredlow St.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Mrs. Leila Council

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1878 6. (c) If alive, give age years8. AGE: about 75 Years Months Days If less than one day hrs. min.9. Birthplace Easton, Md.
(Town, county, and state)10. Usual occupation Retired housewife

11. Industry or business

12. Name John T. Patchell13. Birthplace Easton, Md.14. Maiden name Mary C. Elliott15. Birthplace Easton, Md.16. Informant Mr. John J. FortsAddress Easton, Md.17. Burial Date thereof 4/16/48
(Burial, cremation, or removal) (Which?) (month) (day) (year)Cemetery or crematory Spring HillLocation Easton, Md.18. Funeral director F. E. ClarkAddress Easton, Md.19. 4/15 19 48 N. H. Neirnes
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 14, April 1948, at 12:55 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 9 1948, to April 14 1948and that I last saw him alive on 4-13 1948

Immediate cause of death

DURATION

Right hemiplegia 2-4 daysDue to Cerebral Hemorrhage daysDue to hypertension yes

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Walter F. Bredlow M. D. or otherAddress Easton, Md. Date signed 4-15-48

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County TalbotCity or town Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 22 daysHospital, institution, or street address where death occurred: Memorial HospitalHow long in hospital or institution? 22 days

3. (a) FULL NAME

Elizabeth Copper4. Sex 7. 5. Color or race Black. 6. (a) Single, married, widowed, or divorced Widowed

8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) August 17, 1868 6. (c) If alive, give age _____ years8. AGE: Years 79 Months 8 Days 11 It less than one day _____ hrs. _____ min.9. Birthplace Caroline County
(Town, county, and state)10. Usual occupation none

11. Industry or business

12. Name John Adams13. Birthplace Caroline County

14. Maiden name

15. Birthplace Caroline County16. Informant Beatrice PottsAddress 94 Birchgrove, Princeton, N.J.17. (Burial, cremation, or removal, which?) Burial Date thereof 5/3/48
(month) (day) (year)Cemetery or crematory RichardsonLocation Easton, Md.18. Funeral director John D. MulliganAddress Easton, Md.19. 4/29 19 48 N.H. Pearson
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County TalbotCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)Street No. 111 Port Street
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 28 19 48, at 10:40 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6 April 19 48 to 28 April 19 48and that I last saw him alive on 28 April 48 19 48Immediate cause of death Cerebral haemorrhageDue to Arteriosclerosis ofDue to brainOther conditions Post op. fromresection of tumor - 3 days

(Include pregnancy within 3 months of death)

Major findings of operations Post resection of tumorDate of op. 8 AM

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE J.H. Kemmer 19 46Address Easton, Md. Date signed 29 April

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MAY 4 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot Co.
 City or town Coppersville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all of life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Talbot
 City or town Coppersville, Eastern RD
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2(a) If veteran, name war

3. (a) FULL NAME

Nettie Flamer

3. (b) Social Security Number

None

4. Sex Female 5. Color or race Caucasian 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife John Flamer
 7. Birth date of deceased (mo., day, yr.) Dec. 8, 1876 6. (c) If alive, give age 75 years

8. AGE: Years 71 Months 4 Days 5 If less than one day
 hrs. min.

9. Birthplace Talbot Co. Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Charles Keelham
 13. Birthplace Talbot Co. Md.

14. Maiden name Edna Townsend

15. Birthplace Talbot Co. Md.

16. Informant John Flamer
 Address Coppersville, Md.

17. Burial Date thereof Nov. 16, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Private Burial Ground

Location Coppersville, Md.

18. Funeral director Maurice E. Newman, Inc.
 Address Easton, Md.

19. 4/15 19 48 N. H. Newsum
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 13, 1948 at 12 noon

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-24 to April 13 19 48

and that I last saw her alive on April 19 48

Immediate cause of death Coronary thrombosis

Due to Coronary sclerosis

Due to Generalized atherosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations. Date of op.

Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Leontine A. Buell, M.D.
Easton, Md. Date signed 4-14-48

Address. Date signed

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APR 21 1948

BUREAU V. S.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04192

Reg. Dist. No. 294

1. PLACE OF DEATH:

County Talbot

City or town Claiborne
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 49 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution? :

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Claiborne
(If outside city or town limits, write RURAL and give nearest town)Street No. :
(If rural, give LOCATION)

2.(a) If veteran, name war. :

3. (a) FULL NAME

Drucilla C. Gray

3. (b) Social Security Number

none

4. Sex

female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widow

6. (b) Name of husband or wife

6. (c) If alive, give age : years

7. Birth date of deceased (mo., day, yr.) May 12, 1869

8. AGE:

Years

Months

Days

If less than one day

88

10

1

hrs.

min.

9. Birthplace Berlin, Md.

(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

12. Name James Mumford

13. Birthplace England

14. Maiden name Elizabeth Mc. Lain

15. Birthplace England

16. Informant Mrs. Virgie Brown

Address Claiborne, Md.

17. Burial Date thereof April 5, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Olivet

Location St. Michaels Md.

18. Funeral director Newnam & Harrison

Address St. Michaels, Md.

19. Apr. 5, 1948 G. W. Wells
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1, 1948 at 10:15 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 15, 1947 to Apr. 1, 1948

and that I last saw her alive on April 1, 1948

Immediate cause of death

Chronic Myocarditis

DURATION

15 yrs.

Due to Essential Hypertension

20 yrs.

Due to

Other conditions Chronic Nephritis

15 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert H. Brink M.D.

M. D. or other

Address St. Michaels, Md. Date signed 4/2/48

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APR 14 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04193

Reg. Dist. No. 291

1. PLACE OF DEATH:

County Talbot
City or town Bozman
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot
City or town Bozman
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

W. Elmer Harrison

3. (b) Social Security Number

none

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Bertha M. McQuay
6. (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) June 10, 1875

8. AGE: Years 72 Months 10 Days 2 If less than one day _____ hrs. _____ min.

9. Birthplace Bozman, Md.
(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business

12. Name Wm. E. Harrison
13. Birthplace Bozman, Md.

14. Maiden name Sara Cooper
15. Birthplace Bozman, Md.

16. Informant Mrs. Bertha Harrison
Address Bozman, Md.

17. Burial Date thereof April 14, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery
Location Bozman, Md.

18. Funeral director Newnam & Harrison
Address St. Michaels, Md.

19. April 14th 48 Mrs. Bertha Harrison
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 19 48 at 10⁵ P. M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 25, 1948 to April 12, 1948
and that I last saw him alive on April 6, 1948

Immediate cause of death General Cachexia

Due to Tuberculosis of the Bladder

Due to _____
Other conditions ✓

(Include pregnancy within 3 months of death)

Major findings of operations None

Autopsy results None Date of op. ✓

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ✓ Date of ✓

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

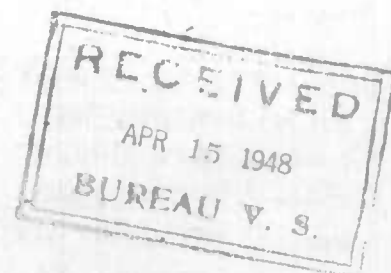
Means of injury ✓ Injured at work? ✓

23. SIGNATURE St. Michaels M. D. or other
Address St. Michaels, Md. Date signed 4-12-48

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:

County.....Talbot
City or town.....St. Michaels
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

Annie E. Hayman

4. Sex.....5. Color or race.....6. (a) Single, married, widowed, or divorced

female colored married

6. (b) Name of husband or wife.....Adolphus Hayman

6. (c) If alive, give age.....60.....years

7. Birth date of deceased (mo., day, yr.).....Feb. 22, 1871

8. AGE: Years.....77 Months.....1 Days.....10 If less than one day.....hrs.min.

9. Birthplace.....Baltimore, Md.
(Town, county, and state)

10. Usual occupation.....Housewife

11. Industry or business

FATHER 12. Name.....George Thomas
13. Birthplace.....Baltimore, Md.MOTHER 14. Maiden name.....Katie Holland
15. Birthplace.....Baltimore, Md.16. Informant.....Mrs. Mary E. Moore
Address.....Bellevue, Md17. Burial Date thereof.....April 4, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory.....Cemetery

Location.....Md. Daniel, Md.

18. Funeral director.....Newnam & Harrison

Address.....St. Michaels, Md

19. Date rec'd by registrar.....Apr. 3, 1948 Mrs. Betty L. Beck Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland County.....Talbot

City or town.....St. Michaels
(If outside city or town limits, write RURAL and give nearest town)Street No.....
(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH.....April 1, 1948.....19.....at 3:00 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2.3.48.....19.....to 4.1.48.....19.....and that I last saw her alive on 3.28.48.....19.....

Immediate cause of death.....Acute Coronary Disease

Due to.....Chr. Rheumatoid Arthritis

Due to.....Senility

Other conditions.....1 yr
(Include pregnancy within 3 months of death)

Major findings of operations.....None

Autopsy results.....None

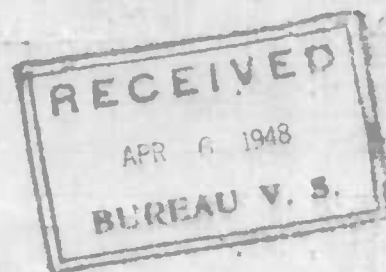
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....Date of.....
Where did injury occur?.....(City or town) (County) (State)Injured at home, farm, industry, public place (where?).....
Means of injury.....Injured at work?.....

23. SIGNATURE.....M. D. or other

Address.....St. Michaels, Md Date signed.....4.2.48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County... Talbot County
City or town... Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 24 hrs.
Hospital, institution, or street address where death occurred:
Memorial Hospital
How long in hospital or institution? 24 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State... Maryland County... Caroline
City or town... Concord
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) If veteran, name war.....

3. (a) FULL NAME
Mr Sherman Horsey

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Mrs Mary Horsey

7. Birth date of deceased (mo., day, yr.) August 10, 1865 6. (c) If alive, give age... years

8. AGE: Years 82 Months 7 Days 22 If less than one day... hrs. ... min.

9. Birthplace Seaford, Delaware
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business Farmer

FATHER 12. Name Mr S. T. Horsey

13. Birthplace Caroline County

MOTHER 14. Maiden name Eugenia Vanhook

15. Birthplace Del.

16. Informant Mrs Mary Horsey

Address Concord, Md.

17. Burial Date thereof April 5, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Concord Cemetery

Location Concord, Md.

18. Funeral director J. Virgil Moore

Address Denton, Md.

19. 4/3 48 N.H. Neer
(Date rec'd by registrar) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1948 at 6:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from... 19... to... 19... and that I last saw him alive on April 2 1948

Immediate cause of death... DURATION

Coronary thrombosis

Due to arteriosclerosis

Due to Smoking

Other conditions Intestinal obstruction

(Include pregnancy within 3 months of death)

Major findings of operations Intestinal obstruction

achieve (obstruction) Date of op. April 2 48

Autopsy results... PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm Palmer M. D. or other

Address Easton, Md. Date signed

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04196

Reg. Dist. No. 297

1. PLACE OF DEATH:

County... Calvert
City or town... St. Michaels
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 mo.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... Maryland County...
City or town... Baltimore City
(If outside city or town limits, write RURAL and give nearest town)
Street No. 429 N. Carey St.
(If rural, give LOCATION)
2. (a) If veteran, name war...

3. (a) FULL NAME

Clarence Stinson

3. (b) Social Security Number

216-03-1020

4. Sex Male 5. Color or race Col 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Edna Stinson
6. (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) June 18, 1892

8. AGE: Years 53 Months 9 Days 24 If less than one day
hrs. min.

9. Birthplace Me. Daniel, Calvert Co., Md
(Town, county, and state)

10. Usual occupation Porter

11. Industry or business

12. Name Daniel Stinson

13. Birthplace Wittman, Md

14. Maiden name Annie Johnson

15. Birthplace Wittman, Md

16. Informant Mrs Edna Stinson

Address 429 N. Carey St., Balto., Md

17. Burial Date thereof Apr. 15, 48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery (Ch)

Location St. Michaels, Md.

18. Funeral director Leon W. Henry

Address 310 South St., Easton Md

19. April 14, 48 Mrs Robert H. Sach
(Date rec'd by registrar)

MEDICAL CERTIFICATION

2D. DATE OF DEATH APRIL 12 19 48 at 5:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 8 19 47 to April 7 19 48
and that I last saw him alive on April 7 19 48

Immediate cause of death Coronary disease

Due to Mitral Stenosis and
Insufficiency

Due to

Other conditions Coronary hyperostosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Arthur V. Michaelson, M.D.

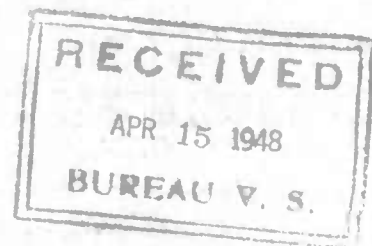
Address St. Michaels, Md Date signed 4-12-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Fallst
 City or town cutty
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 18 hrs.
 Hospital, institution, or street address where death occurred:
Removal Hospital
 How long in hospital or institution? 18 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md. County Fallst
 City or town Royal Oak
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Edward Jenkins

3. (b) Social Security Number

4. Sex M 5. Color of race B 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Brene Jenkins
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) 3-30-1888
 8. AGE: Years 60 Months 12 Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Fallst County
(Town, county, and state)10. Usual occupation Farming11. Industry or business Laborer12. Name Perry Jenkins13. Birthplace Fallst County14. Maiden name Edna Fields15. Birthplace Fallst County16. Informant Brene JenkinsAddress Royal Oak, Md.17. Burial Date thereof April 13 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St Pauls Church CemeteryLocation Royal Oak, Md.18. Funeral director Edmund J. McCrearyAddress Boston, Md.19. 4/12 19 48 N.E. Narves
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11, April 19 48, at 7:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 10 19 48 to April 11 19 48
 and that I last saw him alive on 4-11-48 19 _____

Immediate cause of death Tuberculous pneumonia
 DURATION 2 weeks

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

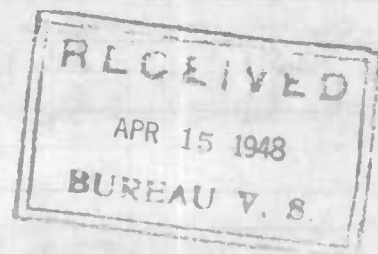
Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. H. + J. H.

M. D. or other _____

Address Memphis, Tenn.Date signed 4-12-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

92d mact

04198
394

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore
CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Taylor
City or town Weymouth
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? one year
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Louisiana County Unknown
City or town Unknown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2(a) If veteran, name war No Unknown

3. (a) FULL NAME

Joseph Johnson
4. Sex Male 5. Color or race Col. 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Unknown6. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1907, April 16

8. AGE: Years 47 Months 50 Days 11 It less than one day 26 hrs. min.

9. Birthplace Louisiana
(Town, county, and state)10. Usual occupation Labourer

11. Industry or business

FATHER 12. Name Joseph D. Johnson
13. Birthplace Louisiana

MOTHER 14. Maiden name Rosie Allen
15. Birthplace Boston Mass.

16. Informant Records of Easton Memorial
Address Easton Ind. Hospital

17. Burial Date thereof 4-16-48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory County
Location Easton Ind.

18. Funeral director J. Leeds Moore
Address Louisiana, Ind.

19. 4/15 19 48 J. Johnson
(Date rec'd by registrar) Registrar

3. (b) Social Security Number

218-01-1055

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 19 48 at 3:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to 19.....
and that I last saw him alive on Feb 19 48

Immediate cause of death Fatal heart attack

Noted a voluntary heart
condition
(See records entire hospital)

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm. ReeseAddress Louisiana Date signed April 2, 1948

RECEIVED

APR 17 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04199

Reg. Dist. No. 294

1. PLACE OF DEATH:

County Talbot
City or town Wittman
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Wittman
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

James M. Jones

3. (b) Social Security Number

none

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

O. Belle Jones6. (c) If alive, give age 55 years

7. Birth date of

deceased (mo., day, yr.)

Oct. 3, 1889

8. AGE:

Years

Months

Days

If less than one day

58529

hrs.

min.

9. Birthplace

Wittman, Md.

(Town, county, and state)

10. Usual occupation

Waterman

11. Industry or business

MOTHER FATHER

12. Name

Noah M. Jones

13. Birthplace

Wittman, Md.

14. Maiden name

Thomasine Haddaway

15. Birthplace

Neavitt, Md.

16. Informant

Mrs. Belle Jones

Address

Wittman, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof April 5, 1948
(month) (day) (year)Cemetery or crematory Olivet CemeterySt. Michaels, Md.

Location

18. Funeral director

Newnam & Harrison

Address

St. Michaels, Md.19. Apr. 5

(Date rec'd by registrar)

19 48G. Wesley Swell
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 19 48 at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 48 toand that I last saw h. alive on March 20 19 48

Immediate cause of death

Coronary atherosclerosis

Due to

arterio-sclerotic heart
angina pectoris

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

M. D. or other

Date signed April 5, 1948

MARGIN RESERVED FOR BINDING

VS A15

9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 14 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04200

Reg. Dist. No. 290

1. PLACE OF DEATH: Talbot
 County Easton
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 yrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Md. County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3.(a) FULL NAME Richard Henry Koenig

3.(b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Katie R. Koenig
 7. Birth date of deceased (mo., day, yr.) October 3 1895 6.(c) If alive, give age 65 years
 8. AGE: Years 52 Months 6 Days 21 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Md.
 (Town, county, and state)
 10. Usual occupation Laborer
 11. Industry or business Furniture Work
 12. Name Henry Koenig
 13. Birthplace Germany
 14. Maiden name Unknown
 15. Birthplace Unknown

16. Informant Kate R. Koenig
 Address Easton, Md.
 17. Burial Date thereof Apr. 26 1948
 (Burial, cremation, or removal, which?) (Month) (day) (year)
 Cemetery or crematory Western Hill Cemetery
 Location Easton, Md.
 18. Funeral director John D. Williams
 Address Easton, Md.
 19. 4/26 19 48 N.H. Nevers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 19 48 at 9:45 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 21 19 48 to April 24 19 48
 and that I last saw him alive on 4-23
 Immediate cause of death _____

Coronary thrombosis. DURATION days
Gen. art. Sclerosis yrs.

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W.F. Buel M. D. or other _____Address Easton, Md. Date signed 4.26.48

RECEIVED
APR 30 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH ⁹²⁰

04201

Reg. Dist. No. 292

1. PLACE OF DEATH:

County TALBOT
 City or town TRAPPE
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 YEARS
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County TALBOT
 City or town TRAPPE
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

KATE LANE

3. (b) Social Security Number

4. Sex FEMALE 5. Color or race WHITE 6.(a) Single, married, widowed, or divorced SINGLE
 6.(b) Name of husband or wife _____
 7. Birth date of deceased (mo., day, yr.) JAN. 15 - 1868 6.(c) If alive, give age _____ years
 8. AGE: Years 80 Months 2 Days 30 If less than one day _____ hrs. _____ min.
 9. Birthplace WILLIAMSBURG, DOVER, MD
 (Town, county, and state)
 10. Usual occupation RETIRED HOUSEWOMAN
 11. Industry or business _____

12. Name WILLIAM LANE
 13. Birthplace BLACK-AT-SEA (MINISTON ENGLAND)
 14. Maiden name MARY BROWN LANE
 15. Birthplace WILLIAMSBURG, MD
 16. Informant BOUCE WILLIS
 Address TRAPPE, R.D., MD.
 17. BURIAL Date thereof APR. 16 - 48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory SPRING HILL CEMETERY
 Location EASTON, MARYLAND
 18. Funeral director JOHN D. WILLIAMS
 Address EASTON, MARYLAND
 19. APR 15 19 48
 (Date rec'd by registrar) Registrar Joseph [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 14 19 48 at 5:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1938 to April 1948
 and that I last saw him alive on April 14th 19 48
 Immediate cause of death arteriosclerosis
heart disease

Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE William S. Seymour M. D. or other _____
 Address Easton, Md. Date signed Apr. 15/48

RECEIVED

APR 17 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

04202

292

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color of race

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19

48

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Apr. 30, 1948, at 6 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 22, 1948, to April 30, 1948

and that I last saw him alive on

April 23, 1948

Immediate cause of death

Cerebral hemorrhage

Due to

Arterio Sclerosis with Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

William S. Symmes

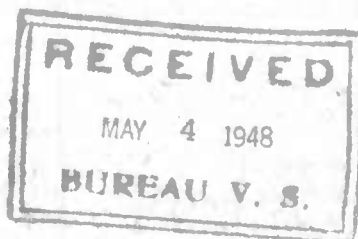
M. D. or other

Address

Grapple Md.

Date signed

May 20/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 290

1. PLACE OF DEATH:

County Denton
City or town Denton, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 48 hrs.
Hospital, institution, or street address where death occurred:
Memorial Hospital
How long in hospital or institution? 48 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Denton
(If outside city or town limits, write RURAL and give nearest town)
Street No. R.F.D. #2
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Lyden, Mrs. Ruth

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Mr. Norman Lyden

7. Birth date of deceased (mo., day, yr.) Jan 28, 1898 6. (c) If alive, give age _____ years

8. AGE: Years 50 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation R. W.

11. Industry or business

12. Name Wesley Carroll

13. Birthplace Maryland

14. Maiden name Ruth Emelia Carroll

15. Birthplace Copcores Md. B.C. Denton

16. Informant Mr. Norman Lyden

Address Denton Md. R.F.D. #2

17. Burial Date thereof April 22, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Concord

Location Concord, Maryland

18. Funeral director J. J. Moore & Son

Address Denton, Md.

19. 4/19 19 48 M. R. Neerun
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 19, April 19 48, at 2:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 17 Apr 19 48 to 19 Apr 19 48 and that I last saw him alive on 18 Apr 19 48

Immediate cause of death Infra cranial hemorrhage DURATION 2 days

Due to Myocardial infarction

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

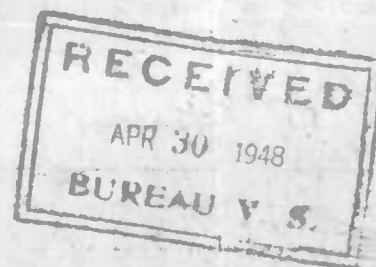
23. SIGNATURE Norman Lyden M. D. or other

Address Denton, Maryland Date signed 19 Apr 48

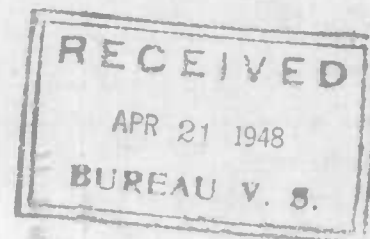
MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1918
1892
9



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Salisbury CountyCity or town Easton, Md
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8 days

Hospital, institution or street address where death occurred:

Memorial HospitalHow long in hospital or institution? 8 days

3. (a) FULL NAME

Frederick L. Stafford

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Mrs. Clara Stafford

7. Birth date of

deceased (mo., day, yr.)

April 28, 1888

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

59

..... hrs. min.

9. Birthplace

Caroline County
(Town, county, and state)

10. Usual occupation

None

11. Industry or business

FATHER

12. Name

Mrs. Fred P. Stafford

13. Birthplace

Caroline County

14. Maiden name

Charlotte Breeding

15. Birthplace

Caroline County

16. Informant

Mrs. Clara Stafford

Address

Easton, Md

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

Apr 11, 1948
(month) (day) (year)

Cemetery or crematory

Denton

Location

Denton, Maryland

18. Funeral director

J. V. Moore & Son

Address

Denton, Md.

19.

4/8
(Date rec'd by registrar)

19

48N. H. Neerix
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Caroline

City or town

Easton
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

7 April

19

48at 5:45 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3/30

19

48

to

4-7

19

48

and that I last saw him alive on

April 7

19

48

Immediate cause of death

Urinary suppression

DURATION

Due to

Sarcoma of Kidney

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Cyst of Kidney RtPathological Report Sarcoma

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

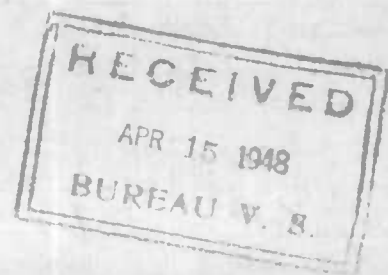
Injured at work?

23. SIGNATURE

Frederick L. Stafford

M. D. or other

Address..... Date signed.....



Evidence for change of

age shown on:

FHM No. G 115 APR 19 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04206

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County TalbotCity or town Easton, Maryland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 17 days

Hospital, institution, or street address where death occurred:

Memorial HospitalHow long in hospital or institution? 17 days

3. (a) FULL NAME

George Robert Wallace

4. Sex

m

5. Color or race

w

6. (a) Single, married, widowed, or divorced

married6. (b) Name of husband or wife Mrs Mary W. Wallace

7. Birth date of

deceased (mo., day, yr.)

Oct 19, 1884

6. (c) If alive, give age.....years

8. AGE:

Years

Months

Days

If less than one day

63 6 5 21.....hrs.min.

9. Birthplace

Talbot County

(Town, county, and state)

10. Usual occupation

Barber

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Apr. 12 1948
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)Street No. 49 S. Washington Easton Md

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 9 April 19 48 at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Apr 19 46 to 9 Apr 19 48and that I last saw him alive on 8 Apr 19 48Immediate cause of death Cardiac failure

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury

Injured at work?

23. SIGNATURE

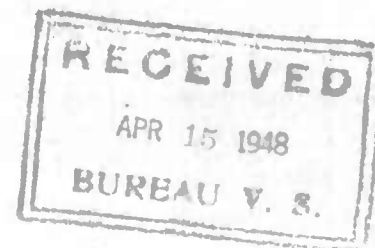
Address Easton, Maryland Date signed 9 Apr 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of
Birth date and age shown on:

FILE No. G 115 MAY 11 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

04207

290

1. PLACE OF DEATH:

County Talbot

City or town Easton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 days

Hospital, institution, or street address where death occurred:

Memorial Hospital

How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Pidgely
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

James Whittington

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Black

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife _____

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

1929

8. AGE:

Years

Months

Days

If less than one day

19

hrs. min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

Whittington

12. Name

13. Birthplace

Bertha Clark

14. Maiden name

15. Birthplace

md

16. Informant

Lillie Gibbs

Address

Pidgely md

17.

(Burial, cremation, or removal, which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

5/1/48

Location

Greenboro md.

18. Funeral director

Address

R. B. Rawlings

19.

(Date rec'd by registrar)

19

48

N. H. Heeres

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 19 48 at 12:37 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4-26 19 48 to 4-28 19 48

and that I last saw h. 2 M. alive on 4/28/48 19 48

Immediate cause of death

DURATION

meningitis, Type not determined

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

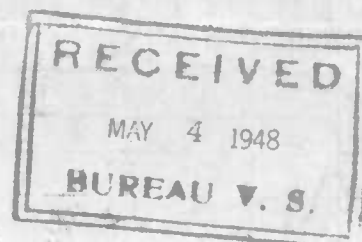
23. SIGNATURE

M. D. or other

Address

Easton md

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04208

Reg. Dist. No. 294

1. PLACE OF DEATH:

County TALBOT
 City or town TRAPPE RURAL
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 mos.
 Hospital, institution, or street address where death occurred:
—
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD. County TALBOT
 City or town TRAPPE MD.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. BARBER, RURAL
 (If rural, give LOCATION)
 2.(a) If veteran, name war —

3. (a) FULL NAME

DIANA ESTELLA YOUNG

3. (b) Social Security Number

4. Sex F 5. Color or race C 6. (a) Single, married, widowed, or divorced SINGLE
 6. (b) Name of husband or wife —
 7. Birth date of deceased (mo., day, yr.) APR. 28, 1947
 8. AGE: Years 0 Months 11 Days 5 If less than one day — hrs. — min. —

9. Birthplace TRAPPE, RURAL
 (Town, county, and state)

10. Usual occupation —

11. Industry or business —

12. Name UNKNOWN

13. Birthplace —

14. Maiden name GRACE YOUNG

15. Birthplace WILLIAMSBURG, RURAL

16. Informant CATHERINE, YOUNG

Address TRAPPE, RURAL

17. BURIAL Date thereof 4-7-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory TRAPPE CEMETERY

Location TRAPPE, MD.

18. Funeral director JOHN D. WILLIAMS

Address EARSTON, MARYLAND.

19. 4/7 1948 Jouplakon
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 5 1948 232P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 29 1948, to apr. 5 1948, and that I last saw her alive on apr. 28 1948.

Immediate cause of death Broncho pneumonia DURATION 5 days

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Thelma S. Seymour M. D. or other —

Address Grapple Date signed 4-6-48

